

2015 Social Innovation Fund External Review

Participation Agreement for **Reviewer**

Review Dates: Thursday, April 2 – Thursday, April 16, 2015

Instructions:

1. Read this agreement and print the last page.
2. Consent to the terms and conditions of this Participation Agreement by signing and dating the last page and returning it to the Corporation for National and Community Service (CNCS) no later than noon **April 6, 2015**.
3. Scan and email a **signed** copy to PeerReviewers@CNS.gov or fax the **signed** last page to **(202) 606-3475 'ATTN: 2015 SIF External Review.'**

By consenting to participate in this CNCS Grant Application Review Process (GARP), you are agreeing that you will complete your review activities consistent with the following review schedule. All orientation and training sessions are **mandatory**.

Activities	Schedule/Date Due
Review all materials, including the 2015 SIF External Review Handbook and pre-recorded Orientation Sessions; download and review the Confidentiality & Conflict of Interest (COI) Form and Participation Agreement	Available via the Reviewer Resource Webpage beginning Wednesday, March 25
Live Question & Answer Session with CNCS staff – an opportunity to ask questions prior to the review	Wednesday, April 1 at 2:00 p.m. ET (also recorded if you are unable to attend)
Sign and submit Confidentiality & COI Form and Participation Agreement	No later than Friday, April 3
Receive panel assignments, download applications from eGrants, review all applications, and report any COIs to CNCS staff	Thursday, April 2
Panel Introduction Call – coordinate with panel members (approx. 45 min)	Between April 2 - 3 ; exact call time determined by each panel
Complete draft Individual Reviewer Worksheet (IRW) for each application reviewed	Rolling deadlines; complete in sets (<i>prior</i> to each Panel Discussion Call)
Panel Discussion Calls (estimated 2 calls)	Call schedule determined by each panel
Revise and submit <i>final</i> IRWs for each application reviewed	Rolling deadlines; complete in sets (<i>after</i> each Panel Discussion Calls; all forms must be submitted no later than Thursday, April 16
Complete check-out process	Thursday, April 16

As a **Reviewer**, you will carry out your duties and responsibilities under the direction of CNCS staff, including a GARP Liaison and Program Officer Liaison (POL). You must complete all your work in accordance with published CNCS guidelines and the 2015 Social Innovation Fund Review Handbook.

You must assess the application using the specific Selection Criteria. Applications are grouped

thematically into panels and Reviewers are assigned based on their matching experience and expertise. Use your experience and expertise to assess how the application addresses the Selection Criteria.

Before the review process begins, **Reviewers** are required to:

- ◆ **Complete all orientation sessions and training requirements on time.**
- ◆ Check for possible COI upon receipt of panel assignment and applications, and notify your Panel Coordinator (PC) and GARP Liaison immediately of any potential conflicts, and if any arise during your participation.
- ◆ **Sign and submit the final page of the Confidentiality & COI Form and the Participation Agreement to CNCS.**

Once the review process begins, **Reviewers** are required to:

- ◆ Maintain the confidentiality of information about applicants and Review Participants related to this review in a manner consistent with the Confidentiality & COI Form.
- ◆ Be timely in your correspondence with your PC, assigned panel members, GARP Liaison, and the CNCS Review Coordinators throughout the review process.
- ◆ Fully cooperate with the PC and other Review Participants during the review and when receiving feedback.
- ◆ Participate in your Panel Introduction Call and all subsequent Panel Discussions Calls.
- ◆ Read each application assigned to the panel.
- ◆ **Evaluate applications objectively – independent of any personal feelings or knowledge you may have about the applicant that is not included in the application.**
- ◆ Provide a thorough and objective assessment of each application.
- ◆ Complete your IRW consistent with the specifications and standards set forth in the Orientation Sessions and training materials.
- ◆ Send your completed IRWs to your PC prior to your Panel Discussions.
- ◆ Participate in the Panel Discussion Calls for each application reviewed.
- ◆ **Incorporate your PC's and POL's feedback to improve the quality of your assessment.**
- ◆ Return to your IRW after the Panel Discussion to revise and finalize the ratings and comments.
- ◆ Complete the online evaluation of the 2015 SIF Review Process and your PC's performance at the conclusion of the review.
- ◆ Complete all review duties consistent with the specifications and standards set by CNCS and covered in the training and review materials.

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If you do not adhere to the terms of this Agreement or an exception is made to these terms due to an alternative level of participation, CNCS reserves the right to modify or withhold the amount of the honorarium.

Your participation in this CNCS grant application review process does not make you an employee of CNCS or of the federal government, and therefore are not entitled to workman's compensation benefits, unemployment insurance, or any other type of insurance or benefit normally provided to federal employees. In addition, CNCS is not responsible for withholding federal or state income taxes or Social Security from the honorarium paid. CNCS will issue a Form 1099 to report the payment of any honorarium to you, the Internal Review Service, and any required State taxing authority.

By signing this agreement, you consent to and understand that CNCS may make your name public per agency policy, and that your completed review forms (or portions thereof) may be disclosed after CNCS announces its grant awards.

To the extent allowed by law, CNCS will not disclose your association with any specific applications or review forms.

I agree to participate in this CNCS Grant Application Review Process and to abide by the terms and conditions of this Agreement.

Name (printed):

Signature:

Date (MM/DD/YYYY):

Organization and Affiliation:

Payment Amount: \$1,000.00

[] Check this box if you are ineligible (or are declining) to receive payment. *(Federal employees that serve as External Reviewers are not eligible to receive payment.)*

Adjusted Payment Amount:
\$ _____

[_____] Review Coordinator initial if honorarium has been modified as specified.

Reason:

For CNCS Use

Period of Performance:

Thursday, April 2 – Thursday, April 16, 2015

Office of Grants Policy and Operations, Review Coordinator:

Printed Name: James Willie

Signature:

Date:

(Certifies all requirements for this review have been met by the Reviewer)

Office of the Chief Financial Officer, Executive Officer:

Printed Name: Stephen Elias or designee

Signature:

Date:

(Certifies Reviewer is paid from funds delineated for this purpose)